DEPARTMENT OF DEFENSE – US ARMY INSTALLATION MANAGEMENT AGENCY STATEMENT OF UNDERSTANDING GOVERNMENT TRAVEL CHARGE CARD PROGRAM

I certify that I have read the Department of Defense (DoD) Government travel card policy and procedures. I understand that the Government Travel Charge Card Program is designed to improve the management and control of government travel and thereby promote the efficiency of the Federal Service. I also understand that I am authorized to us the card only for those necessary and reasonable expenses incurred by me for official travel. I will abide by these instructions issued by DoD.

The above limitation on card usage also applies to automated teller machine (ATM) withdrawals. The amount of cash withdrawals may not exceed the cash limits established for the card. If my account is not delinquent and my travel orders authorize a larger advance, I can request an increase in the ATM limit through the Agency Program Coordinator (APC), with Supervisor's approval. I will, however, endeavor to charge expenses to the account wherever feasible rather than use cash withdrawals.

I understand the Department's policy requires mandatory use of split disbursement for all outstanding charges on the travel card for military and civilian personnel where labor bargaining obligations have been met.

I understand that the issuance of this charge card to me is an extension of the employee-employer relationship and that I am being specifically directed to:

- Abide by all rules and regulations	with respect to the card.	
- Use the charge card only for offic	cial travel (Not for PCS).	
 Pay all charges upon receipt of the prompt filing of travel vouchers and 	ne monthly billing statement through delection of split disbursement.	
- Notify the APC of any problems w	vith respect to my usage of the charge	
 Notify the Card Contractor and th stolen. 	e APC if my charge card is lost or	
- Out-process with local APC before transfer or rotate.		
(Card applicants must initial all the a	above provisions)	
I also understand that failure on my result in disciplinary action being taken aga Contractor and/or APC to revoke or susper agreement or the agreement I have signed	nd my travel card privileges if I fail to at	of the Travel Card
(Applicant's Signature)	(Supervisor's Signature)	
(Applicant's Printed Name)	(Supervisor's Printed Name)	
(Applicant's Series/Grade/Title)	(Supervisor's Series/Grade/)	Title)